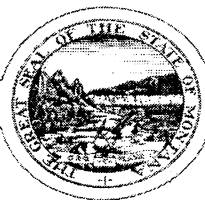


SCHOOL FOR THE DEAF AND THE BLIND



STATE OF MONTANA

3911 CENTRAL AVENUE
GREAT FALLS, MT 59405-1697

Administration: (406) 771-6000
Education: (406) 771-6030
FAX: (406) 771-6164
TDD: (406) 771-6063

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, am seeking employment or volunteer assignment with the Montana School for the Deaf and the Blind, Great Falls, Montana. I acknowledge that a complete investigation in to my background is necessary to protect the safety and welfare of the students at MSDB. I hereby expressly and voluntarily give MSDB the right to make a thorough investigation of my past employment, education and activities, I specifically authorize the release of any and all information of a confidential or privileged nature, **including confidential criminal justice information as defined in § 44-5-103(3), MCA**, to the staff of MSBD and its agents. I understand that MSDB reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

I hereby release the Montana School for the Deaf and the Blind and any organization, company, institution, or person furnishing information to the School and its agents as expressly authorized above, from any liability for damages which may result from any dissemination of the information requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA.

Print full name: _____

Print full address: _____

CITY _____ STATE _____ ZIP _____

Birth Date: _____ Social Security Number: _____

This document is effective until revoked in writing by me.

SIGNATURE (Must be signed in front of notary) _____ DATE _____

STATE OF _____)

County/Parish of _____)

(NOTARY SEAL)

On this _____ day of _____, 200__, before me, a Notary Public for the state of _____, personally appeared _____, known to me to be the person named in the foregoing Authorization to Release Information, and acknowledged to me that _____ executed the same as _____ free act and deed for the purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

Printed Name _____

Signature _____

NOTARY PUBLIC for the State of _____

County/Parish of _____

My commission expires: _____